

CITY OF MILWAUKEE - CITY CLERK LICENSE DIVISION

Acord 25 - Certificate of Insurance Completion Instructions



All fields that must be completed are indicated on the sample certificate.
The items numbered below correspond to the fields on the sample certificate.

1. **Producer:**
Provide the name of the insurance agency (not the insurance company) writing the policy.
2. **Insurer A:**
Provide the name of the insurance company as registered with the Wisconsin Commissioner of Insurance at <http://oci.wi.gov/>.
 - a) The insurance company must be licensed with the Wisconsin Commissioner of Insurance.
 - b) The only exception, if the insurance company is not licensed, the individual insurance agent listed on the certificate as the authorized representative must be licensed to write surplus lines with the Wisconsin Commissioner of Insurance.
3. **Insured:**
Provide the full name of the legal entity covered by the insurance policy.
The legal entity is the sole proprietor, partnership, or the corporation or limited liability company name as shown on the application or license. The name on the certificate must be exactly the same as the name on the application or license on record with the License Division.
4. **Type of Insurance:**
The required type of insurance can be found on the information sheet for the type of license for which you are applying.
5. **Policy Number:**
Provide the policy number. Binder, Pending, or TBD are not acceptable.
6. **Policy Eff:**
Provide the date the policy begins.
7. **Policy Exp:**
Provide the date the policy ends. (The policy must be written for at least one year.)
8. **Limits:**
The required limits can be found on the information sheet for the type of license for which you are applying.
9. **Certificate Holder:**
List "The City of Milwaukee" and use the mailing address as shown in the example.
10. **Authorized Representative:**
Provide the name of the insurance agent.

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Acord 25 - Certificate of Insurance Sample



CERTIFICATE OF LIABILITY INSURANCE				Current Date
Producer <div>1.</div>		Insurer A <div>2.</div>		
Insured <div>3.</div>				
Type of Insurance	Policy Number	Policy Eff	Policy Exp	Limits
<div>4.</div>	<div>5.</div>	<div>6.</div>	<div>7.</div>	<div>8.</div>
Certificate Holder <div>9.</div> City of Milwaukee 200 East Wells Street License Division, Room 105 Milwaukee, WI 53202		<div>10.</div> Authorized Representative		